

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016494

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 96

FILED MAY 9 1963

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Carthage

Length of stay in 1b

50 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

McCune-Brooks hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jasper

admission)

c. CITY

OR TOWN

Carthage

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

831 Clinton St

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charles

Franklin

Thomas

4. DATE OF DEATH

Month

Day

Year

April 26, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-5-88

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ret. custodian

10b. KIND OF BUSINESS OR INDUSTRY

maintenance

11. BIRTHPLACE (City and state or country)

Jasper County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Alonza Thomas

13b. MOTHER'S MAIDEN NAME

Amanda Clouser

14. NAME OF HUSBAND OR WIFE

Edna Ballard Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date)

no

16. SOCIAL SECURITY NO.

7168

17. INFORMANT

Address

Wayne Thomas, 2208 Grand, Carthage, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute circulatory failure

INTERVAL BETWEEN ONSET AND DEATH

4 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

3 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Right hemiplegia, Old.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT, SUICIDE, HOMICIDE

YES ☐ NO ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/17/55 to 4-26-63

-2:30

h

m

on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her alive on 4-26-63

him

on

4-26-63

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

1515 Hazel, Carthage, Mo

22c. DATE SIGNED

4-27-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4-29-63

23c. NAME OF CEMETERY OR CREMATORY

Park Cemetery

23d. LOCATION (City, town, or county)

Carthage, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hnell Mortuary, Carthage, Mo

25. DATE RECD. BY LOCAL REG.

4-28-63

26. REGISTRAR'S SIGNATURE

Ely Chilton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0497

2 0497

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 2-0

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. 683

working under my personal supervision.

Student

John A. McEannell
Signature of Student Embalmer

Signed

Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.